FEATURING BEST PRACTICES
OF STATE AGENCIES AND INSTITUTIONS OF THE
COMMONWEALTH OF VIRGINIA

Refugee Program
Database, Initial Health Assessment and Reimbursement for Services

Virginia Department of Health
implemented this best practice
in July 1, 1997

Qualifying under the Best Practices catalogue

1 Establish Direction
13 Develop plans
134 Develop policy

also 332

Best Practice Summary
(how it works, how you measure it)

Refugees have entered the United States throughout its history. However, it has been only since World War II the term "refugee" carries a legal status under U. S. immigration policy. Large numbers of refugees immediately following the Vietnam War greatly impacted the nation's public health systems. More recently Virginia has been eighth or ninth in the nation, receiving new refugees. Previous to 1997, the Virginia Department of Health (VDH) did not have protocol in providing the initial health assessment to refugees. Various local health departments have traditionally operated with their own protocols. Thus, the health assessments within the VDH varied greatly. It was not known just how many immigrants with refugee or asylee legal status

received services in local health departments. Further, services were provided at cost, based on clients' income eligibility determination or through Medicaid reimbursement.

In 1997, after collaborating with the Office of Newcomer Services with the DSS, Refugee Health was moved to Tuberculosis Control within the VDH. An assessment protocol was developed where none existed. A database was developed where none existed.

Impact on the Process Organizational Performance (OUTCOMES)

a) From July 1997 to present the VDH can accurately state that over 4,800 refugees have declared to the U. S. Department of State their intent to resettle in the Commonwealth. The Refugee Program now has the ability to determine from what areas of the world refugees are fleeing, as well as where within the Commonwealth they are resettling.

b) Health information, particularly public health related information, is now available.

c) Additionally, local health districts are now financially compensated for providing these initial health assessments to refugees. For the latter half of 1997, 16 local health districts shared in $77,851 reimbursement. In 1998, 18 health districts shared $253,104. Lastly to date in 1999, $282,393 had been distributed to 16 local health districts.

Best Practice Qualification

a) Having a VDH refugee health assessment protocol now serves as a standard for health assessment services provided to Virginia's newly arrived refugees.

b) It ensures follow-up of Class A or B conditions (those with public health implications).

c) The assessment aids in identifying personal health conditions that adversely impact on the refugee's effective resettlement.

d) Data collection is essential for effective program development.

e) The program is now able to grow with some further development and recommendations.

f) Local health districts are able to share in an equitable financial reimbursement for services provided. Previously these services were reimbursed on the refugee's ability to pay and were very limited.

For Additional Information

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